



# KANEPACKAGE PHILIPPINE INC.

No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 5457-7166 to 69  
Fax No. (049) 545-6302

## INVESTIGATION REPORT FORM (IRF)

Control No.:

Date Issued

0126

251112

Customer	BROTHER INDUSTRIES PHILIPPINES, INC.	Attention To	REXEL ALMARIO
Item Code	D028GY001	Department	PRODUCTION
Item Description	CARTON TN FCL X4	Date of Detection	251029
Job Order Number	JO25-M-03321-66	Section Detected	QA SCREENING 3

### ILLUSTRATION OF THE PROBLEM



Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
1500	31	2.07
Nature of Defect:		
SMEARED PRINT		
Requirement:		
Smeared print not acceptable		
Actual		
Smeared print on small characters		

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>251029</u>	<input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Slotter <input checked="" type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others	<input type="checkbox"/> Material <input type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input checked="" type="checkbox"/> Process / Method
Issued by	Checked by	Approved by	Received by (Receiving Section)
LESTER JOHN DIOSO   251112	CHARLENE JAN MARIE FLORES   251114	MICHAEL CASILLANO   251117	GERALD DE GUZMAN   251117

### I. INVESTIGATION / ANALYSIS

#### DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)

#### System / Training

#### Design / Toolings

#### Process / Material



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**INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)**

**System / Training**

**Design / Toolings**

**Process / Material**

### FINAL CONCLUSION

**CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)**

**WHO / WHEN**

**IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)**

**A. Sorting Result**

	Location	Total Stock	NG	Total Good
RM				
WIP				
FG				

**C. Reworking**

Rework Quantity	
Total Good	
Rework PPM (Good)	

**B. Orientation**

Date		Time	
Title			
Attendees			

**Prepared By:**

**Approved By:**

N/A

N/A

Department Head

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**INVESTIGATION REPORT FORM (IRF)****II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)**

Date Conducted:	PIC:
Identified Rootcause	Recommendation

**III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge)**

	Checked By:	Date	Implemented?	Running	JO Number	Date	NG Qty	Lot Qty
1st Verification of Action			[ ] Yes [ ] No	1st				
2nd Verification of Action			[ ] Yes [ ] No	2nd				
3rd Verification of Action			[ ] Yes [ ] No	3rd				
Effectiveness of Action			[ ] Yes [ ] No	4th				
Remarks:				5th				

**IV. CLOSURE**

Status	Remarks
Still Open	

Approved by:		Process Owner Acknowledgment: (Receiving Section)	
N/A	N/A	N/A	N/A
QA Head	Top Management	Line Leader	Department Head
Date: -	Date: -	Date: -	Date: -